

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	007000010		CIT	Y OR TOWN	BARNSTA	BLE
APPLICATION FOR I	RENEWAL:	Season	al	LICEN	SED FOR 20	015
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS A	ŕ	RESTAURA	NT			
ADDRESS HARBORI	POINT RD.					
CITY/TOWN: BARN	STABLE	STATE:	MA	ZIP CODE:	02637	
MANAGER: FALAN ROBER	,	OF LICENS	SE:Restaura	ant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
YC	OUR EMAIL ADDRESS IS REC	QUIRED. PLEASE I	PRINT CLEARLY	7.		
DESCRIPTION OF LI	CENSED PREMISE	ES:				
FIVE DINING ROOMS VENTRANCES AND THE WITH SEATING FOR 34	REE REAR EXITS, OU					
I hereby certify and swe	ear under penalties o	f perjury that	:			
1. the renewed	license will be of the	e same type f	or the same	premises now	licensed;	
2. the licensee	has complied with a	ll laws of the	Commonw	ealth relating t	o taxes; and	
3. the premises	s are now open for bu	usiness (If no	t explain be	elow)		
SIGNED BY	Individual, Partner o	r Authorized	Corporate	Officer		
DATE:	TELEPHONE	NUMBER:		EMPLOYE	R IDENTIFICAT	ION NUMBER:
				(Note: NOT Inc	dividual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	y the building insp	ector and th	e head of t	he fire depart	ment for the	above
Please Check Below:			L	OCAL LICENS	SING AUTHO	ORITY
APPROVED:			By		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DISAPPROVED:]		•			
(If disapproved explain)		_			
			_			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	007000032		CITY OR TOWN	BARNSTABLE
APPLICATION FOR F	RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NAME:	BEACH CLUB INC	CTHE		
DOING BUSINESS A				
ADDRESS LONG BEA	ACH ROAD			
CITY/TOWN: BARN	STABLE	STATE: MA	ZIP CODE:	02632
MANAGER: FLYNN	N, JAYNE D. TYP	E OF LICENSE: Ch	ıb C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
YC	OUR EMAIL ADDRESS IS RI	EQUIRED. PLEASE PRINT CI	LEARLY.	
DESCRIPTION OF LI	CENSED PREMIS	ES:		
TWO FLOORS, CELLAR BEDROOMS, OFFICE, I				
I hereby certify and swe	ear under penalties	of perjury that:		
1. the renewed	license will be of t	he same type for the	same premises now	licensed;
2. the licensee	has complied with	all laws of the Com	nonwealth relating to	o taxes; and
3. the premises	s are now open for l	business (If not expl	ain below)	
SIGNED BY				
]	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	lividual Social Security Number)
Acts of 2004, signed b	y the building ins	pector and the head	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:]			
(If disapproved explain	.)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	007000044		CITY OR TOW	N BARNSTA	ABLE
APPLICATION FOR	RENEWAL:	Seasona	LIC	ENSED FOR 2	015
		CLASS			YEAR
LICENSEE NAME:	COTUIT HARBO	R ENTERPRISE	S, INC.		
DOING BUSINESS A	GRINGOS				
ADDRESS 577 MAIN	N ST				
CITY/TOWN: BAR	NSTABLE	STATE: N	MA ZIP CODE:	02601	
MANAGER: CARE	Y, JAMES N. TY	PE OF LICENSE	:Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Y	OUR EMAIL ADDRESS IS	REQUIRED. PLEASE PR	INT CLEARLY.		
DESCRIPTION OF L	ICENSED PREMI	SES:			
MAIN FLOOR : DINING PATIO AND CELLAR I					
I hereby certify and sw	vear under penalties	s of perjury that:			
1. the renewed	d license will be of	the same type for	r the same premises n	ow licensed;	
2. the licensee	e has complied with	all laws of the C	Commonwealth relatin	g to taxes; and	
3. the premise	es are now open for	business (If not	explain below)		
SIGNED BY					
	Individual, Partner	r or Authorized C	Corporate Officer		
DATE:	TEI EDHON	IE NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TELETHON	E NOMBER.		Individual Social S	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building in	spector and the	head of the fire depa	ertment for the	above
Please Check Below:				NGDIG AUTH	ODITI
APPROVED:				NSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain	n)				
, II F-	,				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 007000062		CITY OR TOWN	BARNSTABLE
APPLICATION	N FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NA	AME: VENDITTI EN	TERPRISES INC.		
DOING BUSIN	NESS A MATTAKEE	SE WHARF		
ADDRESS 271	MILLWAY ST			
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE:	02630
MANAGER:	VENDITTI, ROBERT	TYPE OF LICENSE: Re	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	YOUR EMAIL ADDRES	S IS REQUIRED. PLEASE PRINT C	LEARLY.	
DESCRIPTION	N OF LICENSED PRE	MISES:		
		AY. THREE ENTRANCES GE,PORCH,KIT- CHEN A		PIN CREEK. ONE
	and swear under pena			
1. the 1	renewed license will be	e of the same type for the	e same premises now	licensed;
		with all laws of the Com	•	
	-	for business (If not expl	_	,
	1	\ 1		
SIGNED BY				
SIGNED BT	Individual, Par	tner or Authorized Corp	orate Officer	
			_	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	lividual Social Security Number)
Acts of 2004,	signed by the building	g inspector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo	<u>w:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				
DAIL.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 007000070		CITY OR TOWN	N BARNSTABLE
APPLICATION	FOR RENEWAL:	Seasonal	LICEN	NSED FOR 2015
		CLASS		YEAR
LICENSEE NAM	ME: SPANKY'S CL	AM SHACK, LLC		
DOING BUSINE	ESS A SPANKY'S C	LAM SHACK & SEAS	SIDE SALOON	
ADDRESS 138	OCEAN ST., HYAN	NIS		
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE:	02601
	SPILMAN, EFFREY M.	ΓΥΡΕ OF LICENSE: Re	estaurant C	CATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	YOUR EMAIL ADDRES	S IS REQUIRED. PLEASE PRINT (CLEARLY.	
	OF LICENSED PRE			
ONE STORY BUI ENTRANCES AN		MS,AND CELLAR, BAR	AREA IN DINING R	OOM. SIX
I hereby certify a	and swear under penal	ties of perjury that:		
1. the re	newed license will be	of the same type for the	e same premises nov	w licensed;
2. the lie	censee has complied v	with all laws of the Com	monwealth relating	to taxes; and
	•	for business (If not exp	_	,
SIGNED BY				
	Individual, Par	tner or Authorized Corp	orate Officer	
DATE:	TELEPH	ONE NUMBER:		ER IDENTIFICATION NUMBER:
			(Note: NOT Ir	ndividual Social Security Number)
Acts of 2004, sig	gned by the building	g inspector and the hea	nd of the fire depar	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below	<u>:</u>		LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	expiain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 007000076		Cľ	TY OR TOWN	BARNSTA	BLE
APPLICATION FO	R RENEWAL:	Season	nal	LICEN	ISED FOR 20)15
		CLAS	SS			YEAR
LICENSEE NAME:	WARREN T. B	BAXTER, INC.				
DOING BUSINESS	A BAXTER'S B	OATHOUSE CL	UB, INC.			
ADDRESS 177 PLE	EASANT ST.					
CITY/TOWN: BAI	RNSTABLE	STATE:	MA	ZIP CODE:	02601	
MANAGER: BAX SAM	KTER, MUEL T.	ΓΥΡΕ OF LICEN	SE:Club	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	YOUR EMAIL ADDRESS	S IS REQUIRED. PLEASE	PRINT CLEARI	LY.		
DESCRIPTION OF						
ONE MAIN FLOOR, I EXITS AND EMERG			NE MAIN I	ENTRANCE AN	D EXIT AND T	ľWO
I hereby certify and	swear under penal	ties of perjury tha	t:			
1. the renew	ved license will be	of the same type	for the sam	ne premises nov	v licensed;	
	•	with all laws of the		_	to taxes; and	
3. the premi	ises are now open	for business (If no	ot explain b	pelow)		
SIGNED BY	Individual Par	tner or Authorized	Corporate	Officer		
	marviduai, i ar	mer of Authorized	Согрогаю	Officer		
DATE:	TEI EDU	ONE NUMBER:		EMPLOYE	R IDENTIFICAT	ION NUMBER:
	TEEEFT	ONE NUMBER.			dividual Social S	
We the undersigne Acts of 2004, signe named license and of 2010.	d by the building	g inspector and th	e head of	the fire depart	ment for the	above
Please Check Below:			L	OCAL LICEN	SING AUTHO	ORITY
APPROVED:			В	By:		
DISAPPROVED: (If disapproved expl	-:>					
THE CONTROL OF THE PROPERTY OF						
(п аваррго са схрт	ain)		_			
(if disapproved expir	ain)		-			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0070	000110		Cl	TY OR TOWN	BARNSTA	BLE
APPLICATION FOR REN	IEWAL:	Season	nal	LICENS	SED FOR 20)15
		CLAS	SS			YEAR
LICENSEE NAME: COT DOING BUSINESS A	TUIT HIGHGRO	OUND GOLF	CLUB, II	NC.		
ADDRESS 31 CROCKER	S NECK ROAD					
CITY/TOWN: BARNSTA	ABLE	STATE:	MA	ZIP CODE:	02635	
MANAGER: HEHER, P.	AUL M. TYPE	E OF LICENS	SE:Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF LICEN WOODEN CLUBHOUSE, B. THREE ROOMS AND TOIL I hereby certify and swear u 1. the renewed lice 2. the licensee has 3. the premises are	ASEMENT FOR SETS. SECOND Funder penalties of the complied with a	ES: STORAGE AN LOOR: ATTIO If perjury that e same type to ll laws of the	ID FIVE R C FOR STO :: for the san Common	OOM APARTMED DRAGE. The premises now wealth relating to	licensed;	LOOR:
SIGNED BY Indi	vidual, Partner o	r Authorized	Corporate	e Officer		
DATE:	TELEPHONE	NUMBER:		EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER:
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	he building insp	ector and th	e head of	the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL LICENS 3y:	ING AUTHO	ORITY
DATE:			-			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000138	(CITY OR TOWN	BARNSTA	BLE
APPLICATION FOR RENEWAL	: Seasonal	LICEN	SED FOR 20	15
	CLASS		•	YEAR
LICENSEE NAME: HARBOR O DOING BUSINESS A TRADER				
ADDRESS 1 WILLOW STREET				
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE:	02601	
MANAGER: KURKER, WAYN	TYPE OF LICENSE: Resta	urant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
YOUR EMAIL ADI	DRESS IS REQUIRED. PLEASE PRINT CLEA	RLY.		
TWO STORY WOODEN STRUCTURAND SEATING FOR 19, KITCHEN SIDES. PATIO, POOL AREA ENCLOURING LIMITED USE OF TENT AREA, a second secon	RE CONSISTING OF A DININC AREA, RESTROOMS. EXITS A OSED BY WOODEN FENCE, SE	ND ENTRANCE OF ERVICE TO BOATS	N EAST AND	WEST
I hereby certify and swear under pe	enalties of perjury that:			
	l be of the same type for the sa	•		
<u>*</u>	ed with all laws of the Commo	_	taxes; and	
3. the premises are now of	pen for business (If not explain	i delow)		
SIGNED BY Individual,	Partner or Authorized Corpora	te Officer		
DATE: TELE	EPHONE NUMBER:		IDENTIFICATI	
		(Note: NOT Ind	ividual Social Se	curity Number)
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certification of 2010.	ling inspector and the head o	of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	007000144		CITY OR TOWN	BARNSTA	BLE
APPLICATION FOR R	RENEWAL:	Seasonal	LICEN	SED FOR 20)15
		CLASS			YEAR
LICENSEE NAME: S	SOUTH SHORE PLA	YHOUSE ASSO	CIATES, INC.		
DOING BUSINESS A	CAPE COD MELOI	DY TENT			
ADDRESS 21 WEST N	MAIN STREET				
CITY/TOWN: BARN	STABLE	STATE: MA	ZIP CODE:	02601	
MANAGER: LONGO G.	O, VINCENT TYPE	OF LICENSE: Re	staurant Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
YO	OUR EMAIL ADDRESS IS REQU	JIRED. PLEASE PRINT C	LEARLY.		
DESCRIPTION OF LIC					
2300 SEAT THEATER W STANDS. OUTDOOR G					ESSION
I hereby certify and swe			,		
1. the renewed	license will be of the	same type for the	same premises now	licensed;	
2. the licensee	has complied with all	laws of the Com	nonwealth relating to	taxes; and	
3. the premises	s are now open for bus	siness (If not expl	ain below)		
SIGNED BY		A .1 . 1.0	OSS		
I	Individual, Partner or	Authorized Corp	orate Officer		
DATE:			EMPLOYER		YON NUMBER.
DATE:	TELEPHONE N	NUMBER:			ION NUMBER:
DATE:	TELEPHONE N	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		
DATE: We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	attest that we are in by the building inspec	possession (1) th	(Note: <u>NOT</u> Ind e certificate require d of the fire departi	ividual Social S ed by Chapte nent for the	er 304 of the above
We the undersigned, a Acts of 2004, signed b named license and (2)	attest that we are in by the building inspec	possession (1) th	(Note: <u>NOT</u> Ind e certificate require d of the fire departi	ividual Social S ed by Chapto nent for the Chapter 116	ecurity Number) er 304 of the above of the Acts
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010. Please Check Below: APPROVED:	attest that we are in by the building inspec	possession (1) th	(Note: <u>NOT</u> Ind e certificate require d of the fire departi rance required by	ividual Social S ed by Chapto nent for the Chapter 116	ecurity Number) er 304 of the above of the Acts
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010. Please Check Below: APPROVED: DISAPPROVED:	attest that we are in by the building inspec the certificate of liq	possession (1) th	(Note: NOT Independent of the fire department of the fire department of the Note of the No	ividual Social S ed by Chapto nent for the Chapter 116	ecurity Number) er 304 of the above of the Acts
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010. Please Check Below: APPROVED:	attest that we are in by the building inspec the certificate of liq	possession (1) th	(Note: NOT Independent of the fire department of the fire department of the Note of the No	ividual Social S ed by Chapto nent for the Chapter 116	ecurity Number) er 304 of the above of the Acts
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010. Please Check Below: APPROVED: DISAPPROVED:	attest that we are in by the building inspec the certificate of liq	possession (1) th	(Note: NOT Independent of the fire department of the fire department of the Note of the No	ividual Social S ed by Chapto nent for the Chapter 116	ecurity Number) er 304 of the above of the Acts



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LICENSE NUMBER: 007000147		CITY OR TOWN	BARNSTABLE
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: COOKE'S SEA	FOOD HYANNIS INC		
DOING BUSINESS A COOKE'S			
ADDRESS 1120 IYANNOUGH RD.			
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE:	02601
MANAGER: WHELAN, FRANK	ΓΥΡΕ OF LICENSE: Re	estaurant Ca	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS	S IS REQUIRED. PLEASE PRINT (CLEARLY.	
DESCRIPTION OF LICENSED PRE	MISES:		
1120 IYANOUGH ROAD, HYANNIS WO AS WELL AS REAR ACCESS FOR DEL EXTERIOR EXIT FROM THE BASEME BUILDING IS APPROXIMATELY 4,400	IVERIES AND REAR EI NT TO PROVIDE A SEC	MERGENCY EXIT DO	OOR. ALSO, AND
I hereby certify and swear under penal	ties of perjury that:		
1. the renewed license will be	of the same type for the	e same premises now	licensed;
2. the licensee has complied v	vith all laws of the Com	monwealth relating to	taxes; and
3. the premises are now open	for business (If not exp	lain below)	
SIGNED BY Individual, Part	ner or Authorized Corp	oorate Officer	
DATE: TELEPHO	ONE NUMBER:		LIDENTIFICATION NUMBER:
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the hea	nd of the fire departi	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000175		CITY OR TOWN	BARNSTABLE
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: KISKER ENTERP DOING BUSINESS A THE PADDOCK			
ADDRESS 20 SCUDDER AVE			
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE:	02601
MANAGER: ZARTARIAN, TYI JOHN C	PE OF LICENSE: Rest	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS IS F	REQUIRED. PLEASE PRINT CLE	EARLY.	
DESCRIPTION OF LICENSED PREMIS	SES:		
TWO FLOORS WITH BASEMENT FOR ST SPACE. ENTRANCE/EXIT_TO FRONT. A APPROX 75 PERSONS			
I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for SIGNED BY	the same type for the same all laws of the Comm	onwealth relating to	
	or Authorized Corpor	rate Officer	
DATE: TELEPHON	E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	of the fire departs	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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LICENSE NUMBER:	007000226		CITY OR TOWN	BARNSTABLE
APPLICATION FOR	RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A	ŕ	1		
ADDRESS 460 MAIN				
		STATE: MA	ZIP CODE:	02601
CITY/TOWN: BARN				
MANAGER: ROY, I	RAYMOND TYP.	E OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
Y	OUR EMAIL ADDRESS IS RE	EQUIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTION OF L				
ONE STORY BLDG, ON ONE REAR EXIT. ONE		CE AND EXIT ON M	AIN ST WITH A HAI	NDICAP ACCESS
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed	by the building insp	pector and the head	l of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	007000238		CITY OR TOWN	BARNSTABLE
APPLICATION FOR	RENEWAL:	Seasonal	LICEN	SED FOR 2015
		CLASS		YEAR
LICENSEE NAME:	MANNY'S DAD,IN	IC.		
DOING BUSINESS A	A BLUE WATER G	RILLE		
ADDRESS 213 OCE	AN STREET			
CITY/TOWN: BAR	NSTABLE	STATE: MA	ZIP CODE:	02601
MANAGER: GAUI THY	DETTE,TIMO TYP	E OF LICENSE:Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
3	OUR EMAIL ADDRESS IS RI	EQUIRED. PLEASE PRINT C	LEARLY.	
DESCRIPTION OF L	ICENSED PREMIS	ES:		
	es are now open for l	business (If not exp	· · · · · · · · · · · · · · · · · · ·	Ttaxes, and
	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHONI	E NUMBER:		LIDENTIFICATION NUMBER:
Acts of 2004, signed	by the building ins	pector and the hea	d of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explai	n)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000242		CITY OR TOWN BARNSTABLE
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENSED FOR 2015 YEAR
LICENSEE NAME: HYANNIS INN, I DOING BUSINESS A HYANNIS INN ADDRESS 473 MAIN ST	INC.	T LA III
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE: 02601
MANAGER: EATON, AUDREY TY P.	PE OF LICENSE: Innl	nolder CATEGORY: All Alcohol
EMAIL ADDRESS:		
YOUR EMAIL ADDRESS IS	REQUIRED. PLEASE PRINT CLE	EARLY.
DESCRIPTION OF LICENSED PREMITWO STORIES, SEVEN BLDGS, 73 SLEE BANQUET ROOM, ONE STORY, COCKT.	PING ROOMS, ENCLOS	
the renewed license will be of the licensee has complied wit the premises are now open for SIGNED BY Individual, Partner	h all laws of the Comm	nonwealth relating to taxes; and in below)
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building ir	spector and the head	e certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007000248		CITY OR TOWN	BARNSTABLE
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 2015
	CLASS		YEAR
LICENSEE NAME: 4 OUR FATHE	RS LLC		
DOING BUSINESS A ISLANDER			
ADDRESS 330 west bay rd			
CITY/TOWN: BARNSTABLE	STATE: MA	ZIP CODE:	02655
MANAGER: DUNN, JOSEPH P, TI	ΓΥΡΕ OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR EMAIL ADDRESS	S IS REQUIRED. PLEASE PRINT CL	EARLY.	
DESCRIPTION OF LICENSED PRE	MISES:		
the renewed license will be the licensee has complied v the premises are now open	with all laws of the Comn	nonwealth relating to	
SIGNED BY Individual, Part	tner or Authorized Corpo	orate Officer	
DATE: TELEPH	ONE NUMBER:		IDENTIFICATION NUMBER:
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.	g inspector and the head	l of the fire departi	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 007	000270	CITY OR TOW	IN BARNSTABLE
APPLICATION FOR REN	NEWAL: Seaso	onal LIC	ENSED FOR 2015
	CLA	SS	YEAR
LICENSEE NAME: TJ F DOING BUSINESS A KI	ENTERPRISES INC. AN N RYLEE'S PUB & PA	TIO	
ADDRESS 561 MAIN ST	REET		
CITY/TOWN: BARNST	ABLE STATE:	MA ZIP CODE:	02601
MANAGER: WHELAH TARA JEA		ISE: Restaurant	CATEGORY: All Alcohol
EMAIL ADDRESS:			
YOUR	EMAIL ADDRESS IS REQUIRED. PLEASI	PRINT CLEARLY.	
DESCRIPTION OF LICE	NSED PREMISES:		
3. the premises are	s complied with all laws of the now open for business (If r	ot explain below)	g to taxes; and
DATE:	TELEPHONE NUMBER:		YER IDENTIFICATION NUMBER: Individual Social Security Number)
Acts of 2004, signed by t	he building inspector and t	n (1) the certificate requie	uired by Chapter 304 of the
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICE By:	ENSING AUTHORITY
(If disapproved explain)			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 007000300		CITY OR TOWN	BARNSTABLE
APPLICATION I	FOR RENEWAL:	Seasonal	LICENS	ED FOR 2015
		CLASS		YEAR
LICENSEE NAM	IE: ROBIN'S NES	T GRILL, INC		
DOING BUSINE	SS A ECLECTIC	CAFÉ		
ADDRESS 606 N	MAIN ST			
CITY/TOWN: B	BARNSTABLE	STATE: MA	ZIP CODE:	02601
	OSARIO, DWARD	TYPE OF LICENSE: Re	staurant CA	TEGORY: All Alcohol
EMAIL ADDRES	SS:			
	YOUR EMAIL ADDRE	SS IS REQUIRED. PLEASE PRINT CI	LEARLY.	
	OF LICENSED PRI			
		IDE. 22 SEATS AT 14 TAB RANCE 3 EXITS IN FRON'		E, 20 OUTSIDE.
I hereby certify ar	nd swear under pena	alties of perjury that:		
1. the ren	newed license will b	e of the same type for the	same premises now l	icensed;
2. the lice	ensee has complied	with all laws of the Com	monwealth relating to	taxes; and
	-	n for business (If not expl	_	•
			•	
SIGNED BY				
2101(22 2 1	Individual, Par	rtner or Authorized Corpo	orate Officer	
DATE:	TELEPH	HONE NUMBER:	EMPLOYER 1	IDENTIFICATION NUMBER:
			(Note: NOT Indiv	vidual Social Security Number)
Acts of 2004, sig	ned by the buildin	e are in possession (1) the g inspector and the head te of liquor liability insu	d of the fire departm	ent for the above
Please Check Below:			LOCAL LICENSI	NG AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	xplain)		-	
DATE:				



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LICENSE NU	MBER: 007000323		CITY OR TOWN BARNST	ABLE
APPLICATIO	N FOR RENEWAL:	Seasonal	LICENSED FOR	2015
		CLASS		YEAR
LICENSEE N.	AME: 13 LIVES CO	RP.		
DOING BUSI	NESS A BLACK CAT	HARBOR SHACK		
ADDRESS 15	9 OCEAN STREET			
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE: 02601	
MANAGER:	BROWNTEE, SCOTT C.	TYPE OF LICENSE: Rest	caurant CATEGORY	Y: All Alcohol
EMAIL ADDI	RESS:			
	YOUR EMAIL ADDRES	SS IS REQUIRED. PLEASE PRINT CLE	EARLY.	
WILL BE ACCI DISABLES AC ENTRANCES I OF 1,392 SQ.FT THIRSD ONE T BE FROM THE THE SERVICE	ESSED BY A SET OF ST CESS RAMP TO THE EA NTO FENCED-IN PAVE I. APPROX. THE TWO I TO THE NORTH WILL I E ABUTTING PROPERT BAR AND TABLE SEA	TAIRS LEADING FROM THAST OF THE PREMISES AND LAWNED AS PATIO AND LAWNED AS PATION OF THE PATION ON THE PATION.	JACENT ALCOHOL SERVICE HE LANDING OF THE EXISTIN ND BY THREE OTHER GATES ALCOHOL SERVICE AREA CO HE SOUTH WILL BE FOR PAT DISABLED PATRON ACCESS A WILL CONSITST OF 14 STO	NG S DNSISTING PRONS, THE S SHALL
-	y and swear under pena			
		- -	same premises now licensed;	_
			onwealth relating to taxes; and	1
3. the	premises are now open	n for business (If not explain	iii below)	
SIGNED BY	Individual, Par	rtner or Authorized Corpor	rate Officer	
DATE:	TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICATION OF THE PROPERTY OF T	
			(Note: NOT Individual Socia	l Security Number)
Acts of 2004,	signed by the building	g inspector and the head	certificate required by Chap of the fire department for the ance required by Chapter 1	ne above
Please Check Bel	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI			-	
(If disapprove	d explain)		-	
DATE:				
<i>-</i> /111.				



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LICENSE NUN	MBER: 007000328		CITY OR TOWN	BARNSTABLE
APPLICATION	N FOR RENEWAL:	Seasonal	LICENS	SED FOR 2015
		CLASS		YEAR
LICENSEE NA	ME: MITCHELL'S CAFÉ	CORPORATION		
DOING BUSIN	NESS A THE DOCKSIDE I	RESTAURANT		
ADDRESS 110	SCHOOL STREET			
CITY/TOWN:	BARNSTABLE	STATE: MA	ZIP CODE:	02601
MANAGER:	ROBERTS, VELMA TYPE	E OF LICENSE: Rest	aurant CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
RESTAURANT OUTSIDE DECK I hereby certify 1. the r 2. the l	VOUR EMAIL ADDRESS IS RECON OF LICENSED PREMISE ON MAIN FLOORFULL BAK50 SEATS INSIDE AND 7 and swear under penalties or renewed license will be of the icensee has complied with a premises are now open for buildividual, Partner of Individual, Partner of the icense of the icense are now open for buildividual, Partner of Individual, Partner of icense of the ic	R SEATING 104 RE SEATS OUTSIDE f perjury that: e same type for the sell laws of the Commusiness (If not explain	STROOMSDINING CELLAR FOR STO same premises now onwealth relating to in below)	RAGE licensed;
DATE:	TELEPHONE	NUMBER:		IDENTIFICATION NUMBER:
Acts of 2004, s	signed, attest that we are in signed by the building insp and (2) the certificate of li	ector and the head	of the fire departn	nent for the above
Please Check Belov APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICENS By:	ING AUTHORITY
DATE:				